



EmployeeUPDATE

Our Mission: To serve the people of North Carolina by enabling individuals, families and communities to be healthy and secure, and to achieve social and economic well-being.

A monthly publication for employees of the North Carolina Department of Health and Human Services

N.C. medical centers receiving 50-bed mobile hospitals

Deliveries of mobile hospitals are under way to eight hospitals across North Carolina to meet medical surge capacity needs in the event of a man-made or natural disaster.

The \$500,000 units are part of the state's coordinated response to assure that citizens have access to medical care before, during or after a disaster. They will help state, regional and local responders to provide medical person-

nel and equipment for triage, treatment, tracking and transport of patients.

"These units are critical to meeting those unexpected regional needs," said Drexal Pratt, chief of the N.C. Office of Emergency Medical Services. "These assets are available to the benefit of our citizens through the participation of all our emergency responders who helped identify needs and helped us develop a plan to meet them."

The mobile hospitals are being delivered to regional medical centers across the state to serve each of the state's eight Regional Advisory Committee affiliates, comprised of hospitals and emergency responders in the areas served.

Deliveries began in December 2006 and continue through May 2007 to RACs based in Asheville, Chapel Hill,

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Women & Heart Disease

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Charlotte, Durham, Greenville, Raleigh, Wilmington and Winston-Salem.

The units are part of a complex plan developed in the wake of lessons learned from the response to medical needs following hurricanes and tornadoes, as well as those anticipated in the wake of 9/11.

North Carolina's SMAT units, and their system and protocols, have become a model for other states. Each mobile hospital trailer is 53 feet long and is deployable within eight hours. Each is staffed by SMAT II team members based out of the state's eight RACs. Doctors, nurses, pharmacists and other allied healthcare professionals staff the mobile medical units. Each team includes members with specialties including burns, cardiac, neonatal intensive care and obstetrics.

The SMAT II teams are part of the state's three-tiered medical response system. The eight Type II teams and associated equipment and staff, if all deployed, can be configured into a single, 400-bed field hospital. Over the next 12 months, some of the units will be outfitted with digital X-ray and laboratory equipment.

The mobile hospitals and the trailers they are stored and hauled in are being purchased with a federal Health Resources Services Administration grant to the state for medical surge capacity.

The units complement the state's other emergency response protocols. Equipment for emergency response includes a SMAT I unit based in Winston-Salem. It is a 60- to 100-bed



field hospital that can be deployed within 24 hours with a staff of medical doctors, nurses, pharmacists and other healthcare professionals.

Also, a network of SMAT III teams is already equipped and serving 29 counties and Cherokee Tribal Emergency Medical Services. These teams are comprised primarily of emergency response personnel and are capable of providing pre-hospital emergency care and patient decontamination. Type III teams respond to local events that do not require large-scale medical surge capabilities.

Delivery points for the mobile hospitals include Mission Hospitals

in Asheville, UNC Hospitals in Chapel Hill, Carolinas Medical Center in Charlotte, Duke University Hospital in Durham, Wake Forest University Baptist Medical Center in Winston-Salem, Pitt County Memorial Hospital in Greenville, New Hanover Regional Medical Center in Wilmington, and WakeMed in Raleigh. ■

Division of Medical Assistance encouraging NPI sign-up

That's the message the Division of Medical Services is sending health care providers, who have until May 23 to sign up for a National Provider Identifier (NPI) number. Only about 10 percent of North Carolina's 60,000-plus physicians, therapists and other service providers had taken the necessary steps as of mid-January.

NPI is something like a Social Security number for health care providers. It was designed to eliminate the confusion of multiple identification systems created by insurers, including Medicare and Medicaid. Providers, when submitting patient claims to insurers, have had to keep track of many such identifier numbers. The 1996 federal Health Insurance Portability and Accountability Act (HIPAA) ordered the creation of a single identifier number, the NPI, that a provider would list on all insurance claims and other paperwork.

Since 2005, the Centers for Medicare and Medicaid Services (CMS)—the federal agency that administers Medicare and Medicaid—has been assigning NPIs to providers who requested them. Providers without NPIs who submit a Medicare or Medicaid claim after May 23 will not be paid.

To keep as little of that from happening as possible, the Division of Medical Assistance has launched a campaign to remind providers that they must obtain an NPI—and then notify the Division. Providers often do the first part but neglect to follow through with notification.

As part of its newly launched campaign to have providers enumerate then notify, DMA staff are readying letters to more than 50,000 North Carolina health providers for whom no NPI is on record. Those February letters—and subsequent communications to noncompliers—will contain a clear message: **Getting an NPI is free, but not getting one will prove costly. ■**



Get Real, Get Tested Update Fayetteville, North Carolina

GET REAL. GET TESTED. ¡ASEGURATE!
¡HASTE LA PRUEBA!

Get Real, Get Tested is North Carolina's campaign to encourage HIV education and testing through a two-pronged approach: the educational segment is designed to reach citizens statewide, while the testing segment targets select high-morbidity communities. The overall campaign is sponsored by Capitol Broadcasting, Duke Health, UNC Healthcare, and the State of North Carolina's HIV STD Prevention and Care Branch.

The first *Get Real, Get Tested* targeted testing event was held in Fayetteville on Dec. 8 and 9, 2006. Free HIV and syphilis testing was offered at the Cumberland County Health Department and in various locations in Fayetteville. Testing teams were comprised of volunteers from the HIV/STD Prevention and Care Branch, Cumberland County Department of Health, UNC Project STYLE, Rocky Mount OIC, Robeson County Health Department, NCCU Department of Health Education, Cape Fear Bureau for Community Action, HUGGS, Operation Sickle Cell, and Tri-County Community Health. Special recognition goes to Wayne Raynor and Sharon Stanley of the Cumberland County Department of Health as

well as to Ashley Rozier, II, and the staff of the Cape Fear Bureau for Community Action, Inc., for their diligent work preparing the community for this event and conducting community outreach and testing.

Prior to the event, an article appeared in the *Fayetteville Observer* and public service announcements ran on local radio stations. The Cape Fear Bureau staff conducted hours of outreach preparing the community for the teams arrival. Many citizens came out for the event after reading the newspaper, seeing flyers, or hearing about the testing event by advertisement on the radio or by word of mouth.

Unexpected benefits of the Fayetteville campaign included the level of welcome and support demonstrated by residents in the testing neighborhoods. Many citizens expressed gratitude and surprise that state and local government would tailor a testing event to best accommodate the public. Those who came to the health department were pleased it was open on a Saturday. Neighborhood residents eagerly welcomed testing team members into their homes and phlebotomists drew blood specimens wherever a patient felt comfortable,

whether outside in a yard or at a kitchen table. In some cases, entire families agreed to being tested.

Overall, 308 people were tested during the first *Get Real, Get Tested* event. Eight people tested positive for HIV-1 antibody; five of those people were newly-reported cases. The three positives that had been reported previously were contacted by the Branch and were verified as being in care.

The next *Get Real, Get Tested* event will take place in Raleigh on Feb. 8 and Durham on Feb. 9. For more information about the *Get Real, Get Tested* campaign, go to: www.fox50.com/real. ■



Jalil Isa

iSalud y Saludos!

Daily Dose of Folic Acid

At the risk of sounding sexist, I have to say that for a guy, I think I've become quite knowledgeable on the subject of folic acid. I certainly think I'm more familiar with it than most of my male friends.

So what do you know about this naturally occurring B vitamin? If you're a woman of child-bearing age, then chances are you may be more familiar with folic acid. In fact, if you're one of these women, ideally you're taking your multi-vitamin with 400 micrograms of folic acid every day.

But that may not be the case if you're Latina. According to the Centers for Disease Control and Prevention, Hispanic women in the United States consume the least amount of folic acid and have the least knowledge about folic acid among racial or ethnic groups in this country.

For those still not familiar with folic acid or its importance, consider this: The North Carolina Folic Acid Council and other leading agencies report that if all pregnant women took a multivitamin with 400 micrograms of folic acid every day, up to 70 percent of neural tube defects—serious birth defects of the brain and spine—could be prevented in newborns. But to reduce your baby's risk of developing these very serious problems, you need to take folic acid daily before you get pregnant and during the earliest

stages of pregnancy. Since research suggests that over 50 percent of pregnancies aren't planned, women of childbearing age are advised to take a multivitamin every day—just in case.

Neural tube defects (NTDs) occur very early in pregnancy, before most women are even aware that they are pregnant. The neural tube is the early structure that grows into the brain and spine. The most common NTDs are spina bifida and anencephaly. Spina bifida may cause leg paralysis, bladder and bowel problems, and/or other serious health complications. Children born with this condition usually need surgery in the first few days of life. Most people with spina bifida need to use a wheelchair or leg braces throughout their life. Anencephaly is always fatal. This condition is when a baby is born with a severely underdeveloped brain and skull.

While immigrant Hispanic mothers have received lots of attention for their above-average health in birth outcomes—also commonly called the 'Mexican Paradox' due to the paradoxical good health of babies despite often facing economic challenges—these women are also twice as likely than those of any other race or ethnicity to have a baby born with a neural tube defect. According to recent data from the North Carolina State Center for Health Statistics, the prevalence of neural tube defects for Latinos/Hispanic is 14.19 per 10,000 live

births, whereas other races have rates ranging from 6.27 to 4.82.

This disparity has prompted the North Carolina Folic Acid Council and the March of Dimes to focus their efforts on reaching out to this at-risk population and to educate as many women as possible about the importance of folic acid and multivitamins. During the week of Jan. 8 - 14, the two organizations collaborated as they recognized National Folic Acid Awareness Week. As they launched their North Carolina Folic Acid Campaign, they created new materials for Folic Acid Awareness week specifically geared towards Latinas. Special educational boards and brochures were displayed at health departments and community health centers across the state. A new video has also been released, in addition to other the free materials already available from their web site at www.getfolic.com.

As is so often the case, this is another health condition that can potentially be greatly reduced through proper education of women and by taking the right steps now. Hopefully, the message will resonate with this group so they can enjoy the healthiest births possible. ■

Jalil

Public Health award winners recognized

State Sen. William R. Purcell and Rep. Edd Nye have been awarded the Ronald H. Levine Legacy Award for Public Health in recognition of each man's many contributions to public health in North Carolina. The two legislators were presented with the awards by State Health Director Leah Devlin at the 2007 State Health Directors Conference in Raleigh on Jan. 26.

Named for former North Carolina State Health Director Dr. Ron Levine, the annual award honors individuals whose life work on behalf of the public's health has resulted in significant, sustainable and positive improvements in North Carolina's public health system.

Nye represented the 22nd House District, Bladen County, and served in the N.C. Senate from 1974 to 1976 and in the N.C. House from 1976 to 1982 and 1985 to 2006.

Nye served as a member of the Public Health Task Force 2004 and 2006, and was very supportive of establishing both the public health department accreditation process and public health incubators. He played a major part in gaining General Assembly approval for the construction of a new State Laboratory and Medical Examiners Office building.

He has served as chairman of the N.C. House Appropriations Committee, chaired the Select Committee on the N.C. State Employees' Disability Plan, and was a member of the Education, Ethics, Health, Insurance and Election Law & Campaign Finance Reform committees.



Pictured, from left: Secretary Hooker Odom, Representative Nye, Senator Purcell, Dr. Levine and Dr. Devlin.

He has previously been honored as Legislator of the Year by the North Carolina Association for Home and Hospice Care, Autism Society, Academy of Family Physicians, and Association of Health Directors. He was recently awarded the order of the Long Leaf Pine for his distinguished and outstanding service to North Carolina.

Purcell, a retired pediatrician, has represented District 25 – Anson, Richmond, Scotland and Stanly counties – for five terms. Previously, he served as mayor of Laurinburg for five terms, and as a member of the city council, president of Laurinburg Chamber of Commerce, and chairman of the Scotland County board of health.

In the legislature, Purcell served as co-chairman of the Appropriations on Health & Human Services Committee; co-chairman of the Health Care Committee, and a member of the Commerce, Finance, and Mental Health and Youth Services committees.

He was also a member of the Public Health Task Force 2004 and 2006.

He received his medical degree from the University of North Carolina at Chapel Hill and completed his internship and residency in pediatrics at the Medical College of South Carolina.

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Karen Knight receives regional public health award

Karen Knight, director of the Central Cancer Registry in the Division of Public Health, was named Outstanding Scholar by the Southeast Public Health Leadership Institute (SEPHLI).

Knight was also recognized for her final project “Central Cancer Registry Workforce Development.” Graduation projects reflect skills learned at SEPHLI and are judged on importance and relevance to the organization and/or community, use of collaboration, and projected chance for success.

The Southeast Public Health Leadership Institute is a year-long program that includes top public health professionals from Arkansas, North Carolina, South Carolina, Virginia, Tennessee, and West Virginia. Knight was one of 41 graduating scholars in 2006. The program now has 80 North Carolina alumni.

Other 2006 participants from the N.C. Division of Public Health were Denise Pavletic, Office of Performance Improvement and Accountability, and Dr. Jean-Marie Maillard, supervisor, Office of Epidemiological Investigation and Surveillance. Participating local health directors were Dorothy Cilenti, Alamance County; David Rust, Burke County; Anne Thomas, Dare County; and Buck Wilson, Rutherford-Polk-McDowell District; as well as Janet McCumbee, nursing director, New Hanover County Health Department. Thomas received an award in the category of Assessment in Public Health for her project addressing substance abuse in Dare County, and Rust received an award in the category of Assurance in Public Health for his project addressing the need for primary care for the uninsured people in Burke County.



Award-winner Karen Knight addresses the Southeast Public Health Leadership Institute (SEPHLI) in Chapel Hill.

The Southeast Public Health Leadership Institute is part of the North Carolina Institute for Public Health and the School of Public Health at the University of North Carolina at Chapel Hill. The leadership institute is in its tenth year. ■



Pictured, from left: Lisa Harrison, director of SEPHLI; David Rust; Karen Knight; Jean-Marie Maillard; Janet McCumbee; Anne Thomas; Dorothy Cilenti; Buck Wilson; Denise Pavletic; and R. Erin Ridings of the SEPHLI Program.

DHHS teachers receive National Board certification

The Office of Education Services (OES) has announced that 10 DHHS teachers were recognized during the 2006 cycle as National Board Certified Teachers by the National Board for Professional Teaching Standards (NBPTS).

The teachers certified this year teach in programs across the state: Kathryn Bennight from the Western Early Intervention Program for Children who are Deaf or Hard of Hearing; Victoria Scott from the N.C. School for the Deaf in Morganton; Andrea Cagle from the Central Early Intervention Program for Children who are Deaf or Hard of Hearing; Sharon Moore and Michele Neal from the Resource Support Program; and Delia Kimberlin, Ethel Fordham, Karen Hodges, Carol Harris, and Sharon Whitley from Caswell Center in Kinston.

“We have an outstanding group of teachers working in our programs,” said Cyndie Bennett, superintendent of the OES. “This certification validates their commitment to providing a quality education for our students.”

Teachers in all DHHS educational programs are eligible to participate if they hold a continuing North Carolina teaching license, have been employed by the state as a teacher for at least three years, and are currently in a state-paid teacher position.

Currently, there are 11,325 National Board Certified Teachers in North Carolina, more than any other state. The newly certified teachers bring the DHHS total to 38. Nationally, the total is 55,306.

Founded in 1987, the National Board for Professional Teaching Standards is an independent, nonprofit, nonpartisan and non-governmental organization dedicated to advancing the quality of teaching and learning. National Board Certification is the highest credential in the teaching profession. A teacher-driven, voluntary process established by NBPTS, certification is achieved through a rigorous, performance-based assessment that typically takes one to three years to complete and measures what accomplished teachers should know and be able to do. As part of the process, teachers build a portfolio that includes student work samples, assignments, videotapes and a thorough analysis of their classroom teaching. Additionally, teachers are assessed on their knowledge of the subjects they teach. ■

Public Health award winners, cont. from page 6

The ceremony included congratulatory remarks by DHHS Secretary Carmen Hooker Odom; Dennis Harrington, chief of Public Health’s Administrative, Local and Community Support Section; Dr. Lou Turner, deputy chief of the Epidemiology Section; Jerry Parks, health director for Albemarle Regional Health Services; and Dr. Ron Levine.

In speaking of Purcell’s and Nye’s contributions to public health, Dr. Levine said, “These men were invariably on the right side of a call...They always came down with what was best for the people of North Carolina, and they were effective.

“Their commitment and ability was based on energy, intelligence and integrity,” he said. “They never let the people of North Carolina down.” ■

Summer Food Program grows to reach more children

More counties participated in this year's Summer Food Service Program, which provides free meals in communities across the state for children who qualify for free or reduced-price school meals at school, or who live in communities where the majority of children qualify.

Previously unserved areas of the state included some of the 34 counties served by the Food Bank of Central and Eastern North Carolina (FBCENC). One of these was Granville County.

Summer Food Service Coordinator Cynthia Ervin says that the move to reach more children was made possible by working with the Food Bank. "The Food Bank was an important partner in helping us train and maintain quality sponsors for the Summer Food Service Program," Ervin said.

A significant first-time sponsor was Oasis of Hope Ministries, Inc. of Oxford. Officials with the ministry say the program was a rousing success. "It was a welcome relief to hear about this program for the first time last summer," said Catherine Sledge, Oasis of Hope Program Administrator. "Feeding the children has always been the biggest expense of our summer program. It was such a blessing and advantage to our ministry to have the food expenses taken care of. This freed funds to help us prepare hands-on activities for the children."

When school closes for the summer, children no longer receive nutritious meals through the National School Lunch and Breakfast Programs, and many parents worry about not being able to provide healthy meals for their children throughout the summer.

"The parents were most appreciative of the well-balanced meals we served," says Sledge.

Parent Melinda Harris, whose eight-year-old daughter Tyra Reed participated in the program at Oasis, agreed. "What I liked is that they gave us a menu of meals for each day throughout the whole summer," Harris emphasized. "We could choose the foods we wanted for that day from the list."

Moving the food program to new communities was made possible when North Carolina was among 26 states chosen to participate in the Simplified Summer Food Program, a new initiative which makes it easier for schools, local government agencies, and private non-profit organizations to sponsor summer feeding programs. The simplified program eliminates the need for accounting requirements and ensures that all sponsors receive the maximum federal reimbursement. Becoming a Simplified Summer Food Program enhanced



the state's ability to keep quality sponsors and improved its ability to attract potential new sponsors.

Ervin is proud of what the partners accomplished this year. "We implemented a plan to increase participation through quality partnerships and outreach while, at the same time, improving the proficiency of our existing sponsors," she said. "The state made outreach, awareness, and increased Summer Food Service Program accessibility for eligible children a priority." As a result, the state successfully recruited 22 new sponsors in 2006.

One of the state agency's strategies included partnering with the Food Bank and its partner agencies.

The Summer Food Service Program is sponsored by the U.S. Department of Agriculture and administered by the North Carolina Division of Public Health. ■

First Lady urges participation in

NATIONAL WEAR *red* DAY

As part of February's American Heart Month, First Lady Mary Easley has announced she will join thousands of Americans nationwide in celebrating National Wear Red Day on Friday, Feb. 2. The day is designed to remind women about their risk from heart disease, which is the number-one killer of women in America.

"I'll be wearing red, because it is a strong symbol that reminds all of us that heart disease kills women," said Easley. "This is an excellent time for women to look at our personal risk factors and take action to prevent ourselves from becoming statistics."

Women over 55, those with a family history of heart disease, or those who are diabetic, have high blood pressure or high cholesterol are more likely to develop heart problems. Easley says that while some factors, like age or family history, can't be controlled, there are others that can be. Those include:

- **Smoking**
- **Being overweight**
- **Being physically inactive**

National Wear Red Day activities are in partnership with The Heart Truth, a national awareness campaign for women about heart disease sponsored by the National Heart, Lung, and Blood Institute (NHLBI), part of the National Institutes of Health, U.S. Department of Health and Human Services.

National Wear Red Day is an annual event held on the first Friday in February. The first observance, in February 2004, was announced at the White House. On National Wear Red Day, women and men across the country wear red to unite in the national movement to give women a personal and urgent wakeup call about their risk of heart disease. Everyone can participate in this life-saving awareness movement by showing off

a favorite red dress, shirt, or tie, or by wearing the Red Dress Pin (available at www.hearttruth.gov).

For more information about National Wear Red Day activities and The Heart Truth, including downloadable materials on women and heart disease and ordering information for the Red Dress Pin, please visit www.hearttruth.gov or call the NHLBI Health Information Center at 301-592-8573. ■



Women &
Heart Disease



Eat Smart, Move More Health Tip



Choose to Move More Every Day

Physical activity is essential for all of us. Children, adults and seniors can benefit from moderate activity every day. Take a walk with a friend, take the stairs instead of the elevator, or work in your yard. Dancing works too and is great fun! Thirty minutes or more of motion for adults and 60 minutes for children on most days can help keep you in shape and feeling good. Can't find a 30 minute chunk of time? Break it up throughout the day.

For more tips on how to move more every day where you live, learn, earn, play and pray, visit

www.EatSmartMoveMoreNC.com



First annual Eat Smart, Move More – Maintain, Don't Gain Holiday Challenge a success

This past holiday season, thousands of people across North Carolina and beyond challenged themselves and made the Eat Smart, Move More - Maintain, Don't Gain Holiday Challenge a great success. The Holiday Challenge will now be an annual event, so be sure to sign up again next year!

Representing 92 of North Carolina's 100 counties, as well as places as far away as Florida and New Jersey, more than 2,100 people participated in the challenge. And of the respondents to a post-challenge survey, 85 percent were successful in maintaining their weight despite the temptations of the season – several people even reported losing weight through the challenge!

Now that the Holiday Challenge is over, the tips and strategies for maintaining our weight during the holidays can be applied to everyday life. The same core principles still apply: eat smart and move more.

To help North Carolinians continue to be more active and make healthy food choices, a great resource is North Carolina's newly redesigned consumer Web site, **www.MyEatSmartMove-More.com**. The site offers tips, strategies, resources and interactive tools to help people get on the right track to maintaining a healthy weight.

Some of the new features that have been added to **MyEatSmartMove-More.com** include a body mass index calculator, an "Ask the Expert" section, and a discussion board for visitors to chat with others across the state. In addition to these interactive tools, the site also includes a wealth of information and resources that visitors can use to help them eat smart, move more, and achieve a healthy weight.

As an added resource, visitors to the site can sign up to receive an Eat Smart, Move More...NC newsletter by email each month. Filled with tips, recipes, and other great information, this monthly e-letter will help North Carolinians stay on track in 2007. ■



DHHS WELLNESS INITIATIVE

Keeping New Year's Resolutions

Suzanna Young, DHHS Wellness Initiative Director

Did you make any New Year's resolutions this year? I did, and already I find I am not keeping up with a resolution to exercise regularly. Why is it so hard for many of us to keep New Year's resolutions to change health behaviors? Some advise that January may not be best time to make resolutions, especially fitness ones, since cold weather and short days keep us inside more. If it's dark when we get home from work, going for a walk is a lot less appealing (and less safe) than during other times of the year. During winter months it helps to plan our physical activity during the workday, and this is becoming easier as more of our workplaces now provide both indoor and outdoor opportunities for exercise.

What helps resolutions become a habit? I set myself up for failure by not making my resolution more specific. Exercising "more regularly" is vague. Resolving to "walk around the block at least five days a week at lunch time" sets a clear, measurable, and attainable goal for me. Once in the habit of walking around the block, I can increase the distance. It also helps that this is a realistic goal for me. If I started with a resolution to walk two miles, I might have given up after the first week because of initial soreness and fatigue. The new goal is easily measured, which gives the satisfaction of knowing when the goal is reached and encouragement to continue.

Making a resolution based on something else happening first can also set us up for failure. If we plan to start exercising or eating better when things are not so busy or when something causing us stress is resolved, our exercising or healthy eating plan can be delayed indefinitely. Work rarely becomes less busy and there is usually something causing stress in our lives. For someone thinking about quitting tobacco, setting a future quit date can be very helpful. For other health habits, it is often more helpful to link a resolution not to a future date but to something we are already doing. I already go the grocery store regularly, so I can plan to walk all the aisles twice as part of my exercise plan. At one of the huge supercenters, that could mean quite a lot of walking!

Scheduling and planning ahead can also help us change health habits. Waiting to "find the time" to exercise each day more often than not results in not finding the time. In fact, lack of time was the reason most often cited by DHHS employees for not participating in any worksite wellness activity in 2006. Scheduling a regular exercise break, even if only ten minutes, can make a difference. A sticky note can remind us, as can placing our walking shoes where we will see them. Likewise, planning and preparing to bring a healthy lunch and snack can make all the difference in having healthier foods available at work. Social support can also make a tremendous difference. Find a coworker with similar fitness goals and interests and commit to exercising together regularly.

And finally, if it's been a difficult day or week and resolutions are forgotten—don't give up. It generally takes three weeks on average for a daily behavior to become a habit. So don't get discouraged—just resolve to start again the next day knowing that it's the changes we make long-term that most benefit our health and wellness.

COMING NEXT MONTH *DHHS Employee Wellness 2006 Survey Results*

Customer Service:

Employees reminded about voice mail etiquette



Melodee Stokes

NOTE: This is the first in a series of columns about customer service. In coming months, more topics will be featured.

Voice mail is a wonderful thing, if used properly. If misused, it can be infuriating and frustrating to the caller. That's the word from Melodee Stokes, who leads the department's customer service efforts.

"You should update your voice mail greeting every day," says Stokes. "The update should give the date, your name, and let callers know about your schedule. That way callers know when they can expect to hear back from you."

Stokes says her office and others still get complaints from people who have left voice mail for employees but have never heard back, sometimes days after the original call. "We've had examples of people who are out on long vacations, whose voice mail greetings make it sound as if they have just stepped away from the phone for a few minutes," she says. "That's unacceptable. It is frustrating and leaves callers feeling that they aren't important."

Stokes reminds employees that voice mail should also be checked regularly. "Voice mail is just a temporary storage spot for a message," she says. "Temporary doesn't mean letting calls pile up until no one can leave another."

More information about DHHS customer service is available at www.ncdhhs.gov/cstf/policy.htm. ■

Adoption Profile

Introducing Trena

Trena is a vivacious and social teenager with blond hair and beautiful blue eyes. She generally has a pleasant attitude and can be quite sweet and caring. Trena has recently begun to show a strong artistic ability and is also proud of her growing gymnastics talent. The foster family Trena currently lives with has a horse that she enjoys grooming and riding in the surrounding mountain woods.

Trena attends mainstream classes at school where a personal aide assists her in maintaining an appropriate attitude and conduct. She is a bright girl and can do very well academically, when she applies herself and completes assignments. Trena needs to understand the importance of her education and not lightly dismiss it. Her teachers speak highly of her and her potential. Trena also needs to learn that life will not always go her way and she must accept some disappointments in more mature ways.



Trena
b. October 16, 1991

A Family for Trena

Trena needs an adoptive family that can provide a highly structured environment and who is not easily manipulated. They will love her for her spirit and eagerness to try everything the world has to offer, while establishing clearly set rules and consequences. Trena will benefit from a strong female role model who can teach her to develop and maintain relationships with other females.

For more information on this child, or adoption and foster care in general, call NC Kids Adoption and Foster Care Network toll free at 1-877-NCKIDS-1 (1-877-625-4371). ■